STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 09 2018

PLEASE PRINT	UAIT OO E
I. Name of Lobbyist(s) Gina M. Balkus	NEW HAMPSHIRE DEPARTMENT OF STATE
H. Name of lobbyist's partnership, firm or corporation, if any:	
Granite State Home Health Associa	+ 2
(Name of partnership, firm or corporation)	l/The
8 Gilin St Contord Nit	1221
Business Address: (Street) (Town/City) (Sta	
(603) = 225 - 5597 $(603) = 25 - 5817$ e-mail (Fax)	stalkes Dhonflurenh. org
III. This statement covers: (Choose one – file separate reports for each client, O reportable expense transactions which are not attributable to any one client).	R you may file a separate report for
reportable expense transactions which are not attributable to any one chenty.	
All reportable transactions occurring in the months prior to the reporting date rela	itive to the following client:
Committee State Home Health According	+12
(Full Name of Client as it appears on the Lobbyist Registration For	n)
<u>OR</u>	,
All reportable transactions by the lobbyist (including the lobbyist's family), or the unrelated to any particular client.	lobbying firm listed below which are
IV. Date of Report April 26, 2017 July 26, 201	7
Reports cover: activity from date of registration to 3/31/17 activity from 4/1/17	
October 25, 2017 January 31,	
activity from 7/1/17 to 9/30/17 activity from 10/1/1	7 to 12/31/17
V. There have been no fees received and no reportable transactions made If this box is checked, complete just this form and submit it to the Secretary of State's Concord, NH 03301.	
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A-Fe	es and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendu Expense Reimbursement	m B- Report of Honorariums or
If you, your firm, or your family has made political contributions, you must file	Addendum C - Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm and complete to the best of my knowledge and belief. Signature of lobbyist) (Print Name of lobbyist)	that the foregoing information is true (Date)